

**Appellate Docket Number:** 10-19-00252-CR  
**Appellate Case Style:** Roberto Escobar Hernandez  
**Vs.** State of Texas

**Companion  
Case(s):**

Amended/Corrected Statement ☐

## DOCKETING STATEMENT (Criminal)

Appellate Court: 10th Court of Appeals

(to be filed in the court of appeals upon perfection of appeal under TRAP 32)

FILED IN  
10th COURT OF APPEALS  
WACO, TEXAS

11/21/2019 10:06:00 AM

NITA WHITENER

Clerk

I. Appellant	III. Appellee
<p>Name: Roberto Escobar Hernandez</p> <p>Appellant Incarcerated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bond Amount:</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p>Name: State of Texas</p> <p>Appellee Incarcerated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Bond Amount:</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>
II. Appellant Attorney(s)	IV. Appellee Attorney(s)
<p><input checked="" type="checkbox"/> Lead Attorney Appointed Attorney <input type="checkbox"/></p> <p>Name: Shana Stein Faulhaber</p> <p>Bar No. 24051381</p> <p>Firm/Agency:</p> <p>Address 1: 115 W Collin Street</p> <p>Address 2:</p> <p>City/State/Zip: Corsicana, TX 75110</p> <p>Tel. (469) 618-5245 Ext.</p> <p>Fax: (469) 217-8335</p> <p>Email: shana@shanastein.com</p>	<p><input checked="" type="checkbox"/> Lead Attorney District/County Attorney <input type="checkbox"/></p> <p>Name: William James Dixon</p> <p>Bar No. 24077586</p> <p>Firm/Agency: Navarro County District Attorney</p> <p>Address 1: 300 W 3rd Avenue</p> <p>Address 2:</p> <p>City/State/Zip: Corsicana, TX 75110</p> <p>Tel. (903) 654-3045 Ext.</p> <p>Fax: (903) 872-6858</p> <p>Email: wdixon@navarrocounty.org</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext.</p> <p>Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney District/County Attorney <input type="checkbox"/></p> <p>Name: Robert Koehl</p> <p>Bar No. 24097948</p> <p>Firm/Agency: Navarro County District Attorney</p> <p>Address 1: 300 W 3rd Avenue</p> <p>Address 2:</p> <p>City/State/Zip: Corsicana, TX 75110</p> <p>Tel. (903) 654-3045 Ext.</p> <p>Fax: (903) 872-6858</p> <p>Email: rkoehl@navarrocounty.org</p>

**V. Perfection of Appeal, Judgment and Sentencing**

Nature of Case (Subject Matter or Type of Case):

Sex Offenses



Type of Judgment:

Jury Trial



Date Trial Court imposed or suspended sentence in open court or date Trial Court entered appealable order:

07/29/2019

Offense Charged:

Aggravated Sexual Assault

Date of Offense: 09/01/2018

Defendant's Plea: Not Guilty

If guilty, does defendant have the Trial Court's Certificate to Appeal? ☒ Yes ☐ NoWas the Trial by: ☒ Jury ☐ Non-Jury

Date Notice of Appeal filed in Trial Court:

07/30/2019

If mailed to the Trial Court clerk, also give the date mailed:

Punishment Assessed:

35 years TDC

Is the Appeal from the pre-trial order? ☐ Yes ☒ No

Does the Appeal involve the constitutionality or the validity of a statute, rule or ordinance?

☐ Yes ☒ No**VI. Actions Extending Time to Perfect Appeal**Motion for New Trial: ☐ Yes ☒ No If yes, date filed:Motion in Arrest of Judgment: ☐ Yes ☒ No If yes, date filed:Other: ☐ Yes ☒ No If yes, date filed:

If Other, please specify:

**VII. Indigency of Party (Attach file stamped copy of Motion and Affidavit)**Motion and Affidavit filed: ☐ Yes ☐ No ☒ N/A If yes, date filed:Date of Hearing: ☐ N/ADate of Order: ☐ N/ARuling on Motion: ☐ Granted ☐ Denied ☐ N/A If granted or denied, date of ruling:

**VIII. Trial Court and Record**

Court: 13th Judicial District Court

County: Navarro

Trial Court Docket No. (Cause No.):  
D38732

Trial Court Judge (who tried or disposed of the case):

Name: James Lagomarsino

Address 1: 300 W 3rd Avenue

Address 2:

City/State/Zip: Corsicana, TX 75110

Tel. (903) 654-3000 Ext.

Fax: (903) 875-3939

Email: mbutler@navarrocounty.org

**Clerk's Record**Trial Court Clerk: ☒ District ☐ CountyWas Clerk's record requested? ☒ Yes ☐ No

If yes, date requested: 11/18/2019

If no, date it will be requested:

Were payment arrangements made with clerk?

☐ Yes ☐ No ☒ Indigent**Reporter's or Recorder's Record**Is there a Reporter's Record? ☒ Yes ☐ NoWas Reporter's Record requested? ☒ Yes ☐ No

If yes, date requested: 11/18/2019

If no, date it will be requested:

Was the Reporter's Record electronically recorded? ☐ Yes ☐ NoWere payment arrangements made with the court reporter/court recorder? ☐ Yes ☐ No ☒ Indigent☒ Court Reporter ☐ Court Recorder  
☐ Official ☒ Substitute

Name: Susan Waldrip

Address 1:

Address 2:

City/State/Zip:

Tel. (903) 389-4827 Ext.

Fax: (903) 389-4310

Email: waldrip4@airmail.net

☐ Court Reporter ☐ Court Recorder  
☐ Official ☐ Substitute

Name:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext.

Fax:

Email:

**IX. Related Matters**

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

**X. Signature**

Signature of counsel (or Pro Se Party)

Date

Shana Stein Faulhaber

24051381

Printed Name

State Bar No.

/s/ Shana Stein Faulhaber

Shana Stein Faulhaber

Electronic Signature (Optional)

Name

**XI. Certificate of Service**

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows:

Signature of counsel (or Pro Se Party)

/s/ Shana Stein Faulhaber

Electronic Signature (Optional)

24051381

State Bar No.

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:	
Date Served: 11/21/2019 Manner Served: eServe <input type="checkbox"/> Name: William James Dixon Bar No. 24077586 Firm/Agency: Navarro County District Attorney Address 1: 300 W 3rd Avenue Address 2: City/State/Zip: Corsicana, TX 75110 Tel. (903) 654-3045 Ext. Fax: (903) 872-6858 Email: wdixon@navarrocounty.org Party:	Date Served: 11/21/2019 Manner Served: eServe <input type="checkbox"/> Name: Robert Koehl Bar No. 24097948 Firm/Agency: Navarro County District Attorney Address 1: 300 W 3rd Avenue Address 2: City/State/Zip: Corsicana, TX 75110 Tel. (903) 654-3045 Ext. Fax: (903) 872-6858 Email: rkoehl@navarrocounty.org Party:
Please enter the following for each person served that is not an attorney for a party:	
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:	Date Served: Manner Served: Select Name: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email: